

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

1

QUARTERLY FINANCIAL REPORTING FORM

Submitted on 8/8/2003 1:29:09 PM

		1
1.	FOR THE QUARTER ENDING:	June 30, 2003
2.	Name:	DEDICATED DENTAL SYSTEMS, INC.
3.	File Number:(Enter last three digits) 933-0	244
4.	Date Incorporated or Organized:	July 7, 1985
5.	Date Licensed as a HCSP:	See Attached
6.	Date Federally Qualified as a HCSP:	N/A
7.	Date Commenced Operation:	1988
8.	Mailing Address:	3990 Ming Avenue, Bakersfield, CA 93309
9.	Address of Main Administrative Office:	3990 Ming Avenue, Bakersfield, CA 93309
10.	Telephone Number:	(661) 397-5513
11.	HCSP's ID Number:	77-0078333
12.	Principal Location of Books and Records:	3990 Ming Avenue, Bakersfield, CA 93309
13.	Plan Contact Person and Phone Number:	David Stanfield, (949) 567-3151
14.	Financial Reporting Contact Person and Phone Number:	Robert Hill, (310) 765-2470
15.	President:*	David Stanfield
16.	Secretary:*	Thomas Gibbon
17.	Chief Financial Officer:*	Robert Hill
18.	Other Officers:*	David Spence, Chief Operating Officer
19.		
20.		
21.		
22.	Directors:*	David Stanfield
23.		Robert Hill
24.		
25.		
26.		
27.		
28.		
29.		
30.		
31.		

The officers listed on lines 15 through 17 of the health care service plan noted on line 2, being duly sworn, each for himself or herself, deposes and says that they are the officers of the said health care service plan, and that, for the reporting period stated above, all of the herein assets were the absolute property of the said health care service plan, free and clear from any liens or claims thereon, except as herein stated, and that these financial statements, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said health care service plan as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

32.	President	/s/ David Stanfield (please type for valid signature)
33.	Secretary	/s/ Thomas Gibbon (please type for valid signature)
34.	Chief Financial Officer	/s/ Robert Hill (please type for valid signature)
* Show full name (initials not accepted) and indicate by sign (#) those officers and directors who did not occupy the indicated position in the previous statement.		
35.	Check if this is a revised filing, and complete question 7 on page 2: <input type="checkbox"/>	
36.	If all dollar amounts are reported in thousands (000), check here: <input type="checkbox"/>	

Check My Work

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

QUARTERLY FINANCIAL REPORTING FORM

SUPPLEMENTAL INFORMATION

		1
1.	Are footnote disclosures attached with this filing?	Yes <input type="button" value="v"/>
2.	Is the attached reporting form filed on a consolidated or combined basis? If "Yes", the plan is required to file consolidating or combining schedules.	No <input type="button" value="v"/>
3.	Is the plan required to file additional information (i.e. parent/affiliate financial statements, claims reports, etc.) that is required by the Department?	Yes <input type="button" value="v"/>
4.	Have the Restricted Assets changed from the previous quarterly filing? If "yes", complete Schedule A-2 (Restricted Assets).	No <input type="button" value="v"/>
5.	Are there any significant changes reported on Schedule G, Section III?	No <input type="button" value="v"/>
6.	If "yes", describe:	
7.	If this is a revised reporting form, what is/are the reason(s) for the revision?	

STATEMENT AS OF 6-30-2003 OF 933-0244 DEDICATED DENTAL SYSTEMS, INC.

REPORT #1 ---- PART A: ASSETS

1	2
CURRENT ASSETS:	Current Period
1. Cash and Cash Equivalents	1,702,105
2. Short-Term Investments	0
3. Premiums Receivable - Net	17,195
4. Interest Receivable	0
5. Shared Risk Receivables - Net	0
6. Other Health Care Receivables - Net	1,976,572
7. Prepaid Expenses	88,765
8. Secured Affiliate Receivables - Current	0
9. Unsecured Affiliate Receivables - Current	257,239
10. Aggregate Write-Ins for Current Assets	211,822
11. TOTAL CURRENT ASSETS (Items 1 to 10)	4,253,698
OTHER ASSETS:	
12. Restricted Assets	50,000
13. Long-Term Investments	0
14. Intangible Assets and Goodwill - Net	58,546
15. Secured Affiliate Receivables - Long-Term	0
16. Unsecured Affiliate Receivables - Past Due	0
17. Aggregate Write-Ins for Other Assets	11,523
18. TOTAL OTHER ASSETS (Items 12 to 17)	120,069
PROPERTY AND EQUIPMENT	
19. Land, Building and Improvements	0
20. Furniture and Equipment - Net	442,618
21. Computer Equipment - Net	13,319
22. Leasehold Improvements -Net	637,781
23. Construction in Progress	0
24. Software Development Costs	0
25. Aggregate Write-Ins for Other Equipment	0
26. TOTAL PROPERTY AND EQUIPMENT (Items 19 to 25)	1,093,718
27. TOTAL ASSETS	5,467,485
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR CURRENT ASSETS	
1001. Supplies Inventory	211,822
1002.	0
1003.	0
1004.	0
1098. Summary of remaining write-ins for Item 10 from overflow page	0
1099. TOTALS (Items 1001 thru 1004 plus 1098)	211,822
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER ASSETS	
1701. Deposits	11,523
1702.	0
1703.	0
1704.	0
1798. Summary of remaining write-ins for Item 17 from overflow page	0
1799. TOTALS (Items 1701 thru 1704 plus 1798)	11,523
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER EQUIPMENT	
2501.	
2502.	
2503.	
2504.	
2598. Summary of remaining write-ins for Item 25 from overflow page	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	0

STATEMENT AS OF 6-30-2003 OF 933-0244 DEDICATED DENTAL SYSTEMS, INC.

REPORT #1 ---- PART B: LIABILITIES AND NET WORTH

1	2	3	4
CURRENT LIABILITIES:	Current Period		
	Contracting	Non-Contracting	Total
1. Trade Accounts Payable	216,470	XXX	216,470
2. Capitation Payable	0	XXX	0
3. Claims Payable (Reported)	7,275		7,275
4. Incurred But Not Reported Claims	18,360		18,360
5. POS Claims Payable (Reported)	0		0
6. POS Incurred But Not Reported Claims	0		0
7. Other Medical Liability	0		0
8. Unearned Premiums	474,393	XXX	474,393
9. Loans and Notes Payable	0	XXX	0
10. Amounts Due To Affiliates - Current	0	XXX	0
11. Aggregate Write-Ins for Current Liabilities	492,174	0	492,174
12. TOTAL CURRENT LIABILITIES (Items 1 to 11)	1,208,672	0	1,208,672
OTHER LIABILITIES:			
13. Loans and Notes Payable (Not Subordinated)	0	XXX	0
14. Loans and Notes Payable (Subordinated)	0	XXX	0
15. Accrued Subordinated Interest Payable	0	XXX	0
16. Amounts Due To Affiliates - Long Term	0	XXX	0
17. Aggregate Write-Ins for Other Liabilities	0	XXX	0
18. TOTAL OTHER LIABILITIES (Items 13 to 17)	0	XXX	0
19. TOTAL LIABILITIES	1,208,672	0	1,208,672
NET WORTH			
20. Common Stock	XXX	XXX	35,292
21. Preferred Stock	XXX	XXX	0
22. Paid In Surplus	XXX	XXX	360,083
23. Contributed Capital	XXX	XXX	0
24. Retained Earnings (Deficit)/Fund Balance	XXX	XXX	3,863,438
25. Aggregate Write-Ins for Other Net Worth Items	XXX	XXX	0
26. TOTAL NET WORTH (Items 20 to 25)	XXX	XXX	4,258,813
27. TOTAL LIABILITIES AND NET WORTH	XXX	XXX	5,467,485
DETAILS OF WRITE-INS AGGREGATED AT ITEM 11 FOR CURRENT LIABILITIES			
1101. Accrued Payroll and Related	432,360		432,360
1102. Accrued Liabilities	59,814		59,814
1103.			0
1104.			0
1198. Summary of remaining write-ins for Item 11 from overflow page			0
1199. TOTALS (Items 1101 thru 1104 plus 1198)	492,174	0	492,174
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER LIABILITIES			
1701.		XXX	0
1702.		XXX	0
1703.		XXX	0
1704.		XXX	0
1798. Summary of remaining write-ins for Item 17 from overflow page		XXX	0
1799. TOTALS (Items 1701 thru 1704 plus 1798)	0	XXX	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER NET WORTH ITEMS			
2501.	XXX	XXX	
2502.	XXX	XXX	
2503.	XXX	XXX	
2504.	XXX	XXX	
2598. Summary of remaining write-ins for Item 25 from overflow page	XXX	XXX	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	XXX	XXX	0

STATEMENT AS OF 6-30-2003 OF 933-0244 DEDICATED DENTAL SYSTEMS, INC.

REPORT #2: REVENUE, EXPENSES AND NET WORTH

	1	2
	Current Period	Year-To-Date
REVENUES:		
1. Premiums (Commercial)	772,478	1,610,900
2. Capitation	141,865	288,052
3. Co-payments, COB, Subrogation	234,742	460,479
4. Title XVIII - Medicare	0	0
5. Title XIX - Medicaid	0	0
6. Fee-For-Service	2,710,714	5,589,687
7. Point-Of-Service (POS)	0	0
8. Interest	0	0
9. Risk Pool Revenue	0	0
10. Aggregate Write-Ins for Other Revenues	3,300	59,503
11. TOTAL REVENUE (Items 1 to 10)	3,863,099	8,008,621
EXPENSES:		
Medical and Hospital		
12. Inpatient Services - Capitated	0	0
13. Inpatient Services - Per Diem	0	0
14. Inpatient Services - Fee-For-Service/Case Rate	0	0
15. Primary Professional Services - Capitated	19,505	91,223
16. Primary Professional Services - Non-Capitated	1,707,897	3,402,957
17. Other Medical Professional Services - Capitated	0	0
18. Other Medical Professional Services - Non-Capitated	370,796	831,703
19. Non-Contracted Emergency Room and Out-of-Area Expense, not including POS	0	0
20. POS Out-Of-Network Expense	0	0
21. Pharmacy Expense - Capitated	0	0
22. Pharmacy Expense - Fee-for-Service	0	0
23. Aggregate Write-Ins for Other Medical and Hospital Expenses	921,101	1,873,788
24. TOTAL MEDICAL AND HOSPITAL (Items 12 to 23)	3,019,299	6,199,671
Administration		
25. Compensation	108,895	182,698
26. Interest Expense	0	0
27. Occupancy, Depreciation and Amortization	37,790	75,110
28. Management Fees	0	0
29. Marketing	0	0
30. Affiliate Administration Services	0	0
31. Aggregate Write-Ins for Other Administration	125,279	244,560
32. TOTAL ADMINISTRATION (Items 25 to 31)	271,964	502,368
33. TOTAL EXPENSES	3,291,263	6,702,039
34. INCOME (LOSS)	571,836	1,306,582
35. Extraordinary Item	0	0
36. Provision for Taxes	247,000	563,000
37. NET INCOME (LOSS)	324,836	743,582
NET WORTH:		
38. Net Worth Beginning of Period	3,686,977	3,649,125
39. Audit Adjustments	0	0
40. Increase (Decrease) in Common Stock	0	0
41. Increase (Decrease) in Preferred Stock	0	0
42. Increase (Decrease) in Paid in Surplus	0	0
43. Increase (Decrease) in Contributed Capital	247,000	563,000
44. Increase (Decrease) in Retained Earnings:	0	0
45. Net Income (Loss)	324,836	743,582
46. Dividends to Stockholders	0	-696,894
47. Aggregate Write-Ins for Changes in Retained Earnings	0	0
48. Aggregate Write-Ins for Changes in Other Net Worth Items	0	0
49. NET WORTH END OF PERIOD (Items 38 to 48)	4,258,813	4,258,813

STATEMENT AS OF 6-30-2003 OF 933-0244 DEDICATED DENTAL SYSTEMS, INC.

REPORT #2: REVENUE, EXPENSES AND NET WORTH

1	2	3
	Current Period	Year-to-Date
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER REVENUES		
1001. Other Specialty Program Revenue	3,300	59,503
1002.		
1003.		
1004.		
1005.		
1006.		
1098. Summary of remaining write-ins for Item 10 from overflow page		
1099. TOTALS (Items 1001 thru 1006 plus 1098)	3,300	59,503
DETAILS OF WRITE-INS AGGREGATED AT ITEM 23 FOR OTHER MEDICAL AND HOSPITAL EXPENSES		
2301. Dental Supplies and Lab	328,914	651,918
2302. Marketing	62,115	118,400
2303. Practice G & A	348,179	741,862
2304. Occupancy, Depreciation, and Amortization	181,893	361,608
2305.		
2306.		
2398. Summary of remaining write-ins for Item 23 from overflow page		
2399. TOTALS (Items 2301 thru 2306 plus 2398)	921,101	1,873,788
DETAILS OF WRITE-INS AGGREGATED AT ITEM 31 FOR OTHER ADMINISTRATIVE EXPENSES		
3101. HMO G & A	60,140	172,056
3102. HMO Bad Debt	2,214	9,579
3103. Other Income/Expense	62,925	62,925
3104.		
3105.		
3106.		
3198. Summary of remaining write-ins for Item 31 from overflow page		
3199. TOTALS (Items 3101 thru 3106 plus 3198)	125,279	244,560
DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR CHANGES IN RETAINED EARNINGS		
4701.		
4702.		
4703.		
4704.		
4705.		
4706.		
4798. Summary of remaining write-ins for Item 47 from overflow page		
4799. TOTALS (Items 4701 thru 4706 plus 4798)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 48 FOR CHANGES OF OTHER NET WORTH ITEMS		
4801.		
4802.		
4803.		
4804.		
4805.		
4806.		
4898. Summary of remaining write-ins for Item 48 from overflow page		
4899. TOTALS (Items 4801 thru 4806 plus 4898)	0	0

REPORT #3: STATEMENT OF CASH FLOWS

1	2	3
	Current Period	Year-to-Date
CASH FLOW PROVIDED BY OPERATING ACTIVITIES		
1. Group/Individual Premiums/Capitation	905,761	1,892,634
2. Fee-For-Service	2,502,797	5,488,479
3. Title XVIII - Medicare Premiums	0	0
4. Title XIX - Medicaid Premiums	0	0
5. Investment and Other Revenues	3,300	59,503
6. Co-Payments, COB and Subrogation	234,742	460,479
7. Medical and Hospital Expenses	-2,925,356	-6,740,238
8. Administration Expenses	-517,397	-755,135
9. Federal Income Taxes Paid	0	0
10. Interest Paid	0	0
11. NET CASH PROVIDED BY OPERATING ACTIVITIES	203,847	405,722
CASH FLOW PROVIDED BY INVESTING ACTIVITIES		
12. Proceeds from Restricted Cash and Other Assets	0	0
13. Proceeds from Investments	0	0
14. Proceeds for Sales of Property, Plant and Equipment	0	0
15. Payments for Restricted Cash and Other Assets	0	0
16. Payments for Investments	0	0
17. Payments for Property, Plant and Equipment	-43,255	-64,616
18. NET CASH PROVIDED BY INVESTING ACTIVITIES	-43,255	-64,616
CASH FLOW PROVIDED BY FINANCING ACTIVITIES:		
19. Proceeds from Paid in Capital or Issuance of Stock	0	0
20. Loan Proceeds from Non-Affiliates	0	0
21. Loan Proceeds from Affiliates	0	0
22. Principal Payments on Loans from Non-Affiliates	0	0
23. Principal Payments on Loans from Affiliates	0	0
24. Dividends Paid	0	-696,894
25. Aggregate Write-Ins for Cash Provided by Financing Activities	247,000	563,000
26. NET CASH PROVIDED BY FINANCING ACTIVITIES	247,000	-133,894
27. NET INCREASE (DECREASE) IN CASH (Items 11, 18 & 26)	407,592	207,212
28. CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE QUARTER	1,294,513	1,494,893
29. CASH AND CASH EQUIVALENTS AT THE END OF THE QUARTER	1,702,105	1,702,105
RECONCILIATION OF NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES:		
30. Net Income	324,836	743,582
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities		
31. Depreciation and Amortization	44,743	77,253
32. Decrease (Increase) in Receivables	-214,843	-271,726
33. Decrease (Increase) in Prepaid Expenses	37,397	39,014
34. Decrease (Increase) in Affiliate Receivables	39,069	-22,256
35. Increase (Decrease) in Accounts Payable	-9,162	-9,038
36. Increase (Decrease) in Claims Payable and Shared Risk Pool	-2,447	-1,291
37. Increase (Decrease) in Unearned Premium	-1,656	-6,552
38. Aggregate Write-Ins for Adjustments to Net Income	-14,090	-143,264
39. TOTAL ADJUSTMENTS (Items 31 through 38)	-120,989	-337,860
40. NET CASH PROVIDED BY OPERATING ACTIVITIES (Item 30 adjusted by Item 39 must agree to Item 11)	203,847	405,722
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES		
2501. Donated capital	247,000	563,000
2502.		
2503.		
2598. Summary of remaining write-ins for Item 25 from overflow page		
2599. TOTALS (Items 2501 thru 2503 plus 2598)	247,000	563,000
DETAILS OF WRITE-INS AGGREGATED AT ITEM 38 FOR ADJUSTMENTS TO NET INCOME		
3801. Decrease (Increase) in Supplies Inventories	7,999	7,999
3802. Increase (Decrease) in Accrued Liabilities	-106,792	-147,379
3803. Increase (Decrease) in Accrued Payroll	63,469	-25,118
3898. Summary of remaining write-ins for Item 38 from overflow page	21,234	21,234
3899. TOTALS (Items 3801 thru 3803 plus 3898)	-14,090	-143,264

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REPORT #4: ENROLLMENT AND UTILIZATION TABLE**TOTAL ENROLLMENT**

1 Source of Enrollment	2 Total Enrollees At End of Previous Period	3 Additions During Period	4 Terminations During Period	5 Total Enrollees at End of Period	6 Cumulative Enrollee Months for Period	Total Member Ambulatory Encounters for Period			10 Total Patient Days Incurred	11 Annualized Hospital Days/1000	12 Average Length of Stay
						7 Physicians	8 Non-Physicians	9 Total			
1. Group (Commercial)	20,582	145	7,030	13,697	110,373			0		0	
2. Medicare Risk				0				0			
3. Medi-Cal Risk				0				0			
4. Individual	19,261	300	791	18,770	114,521			0		0	
5. Point of Service				0				0			
6. Aggregate write-ins for Other	0	0	0	0	0	0	0	0	0		
7. Total Membership	39,843	445	7,821	32,467	224,894	0	0	0	0	0	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 6 FOR OTHER SOURCES OF ENROLLMENT											
601. Small Group				0				0			
602. Healthy Families				0				0			
603. AIM				0				0			
604. Medicare Cost				0				0			
605. ASO				0		N/A	N/A	N/A	N/A	N/A	N/A
606. PPO				0				0			
607.				0				0			
608.				0				0			
609.				0				0			
610.				0				0			
611.				0				0			
612.				0				0			
Summary of remaining write-ins for											
698. Item 6 from overflow page				0				0			
Totals (lines 601 through 612 plus											
699, 698) (Line 6 above)	0	0	0	0	0	0	0	0	0		

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SCHEDULE A-1 (CASH)

1	2	3
Name of Depository (List all accounts even if closed during the period)	Account Number	Balance*
1. Bank of America	0415-9-08903	49,814
2. Wells Fargo	9600-036373	-22,742
3. Wells Fargo	4944-408723	528,709
4. Wells Fargo	4944-408731	1,285,605
5. Wells Fargo	9600-035973	-140,135
6.		
7.		
8.		
9. Total Cash on Deposit		1,701,251
10. Cash on Hand (Petty Cash)		854
11. Total Cash on Hand and on Deposit (Report #1, Part A, Line 1)		1,702,105

SCHEDULE A-2 RESTRICTED ASSETS

1	2	3
Name of Depository (List all accounts even if closed during period)	Account Number	Balance*
12. Wells Fargo Bank	1753-057785-000	50,000
13.		
14.		
15.		
16.		
17.		
18.		
19. Total Restricted Assets		50,000

* Indicate the Balance Per the HMO's Records

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STATEMENT AS OF 6-30-2003 OF 933-0244 DEDICATED DENTAL SYSTEMS, INC.

SCHEDULE C - PREMIUMS RECEIVABLE (Other than Affiliates)

Individually list all debtors (commercial only) with account balances greater than 5% of gross Premiums Receivable. Group the total of all other premiums receivables and enter the total on the line titled, "Aggregate Accounts Not Individually Listed."

	1 Name of Debtor	2 1-30 Days	3 31-60 Days	4 61-90 Days	5 Over 90 Days	6 Total
1.	Health Plan Premiums Receivable	11,173	2,577	1,469	5,040	20,259
2.	Less: Allowance for Doubtful Accounts	(775)	-179	-187	-1,923	-3,064
3.						0
4.						0
5.						0
6.						0
7.						0
8.						0
9.						0
10.						0
11.						0
12.						0
13.						0
14.						0
15.						0
16.						0
17.						0
18.						0
19.						0
20.						0
21.						0
22.						0
23.						0
24.						0
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33.						0
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35.						0
36.						0
37.						0
38.						0
39.						0
40.						0
41.						0
42.						0
43.						0
44.						0
45.						0
46.						0
47.						0
48.						0
49.						0
50.						0
51.						0
52.						0
53.						0
54.	Aggregate Accounts Not Individually Listed					0
55.	Total	10,398	2,398	1,282	3,117	17,195

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STATEMENT AS OF 6-30-2003 OF 933-0244 DEDICATED DENTAL SYSTEMS, INC.

SCHEDULE D
HEALTH CARE RECEIVABLES &
AMOUNTS DUE FROM PARENT, SUBSIDIARIES, AND AFFILIATES

Individually list all debtors with account balances greater than 10% of gross Receivables. Group the total of all other receivables and enter the total on the line titled, "Aggregate Accounts Not Individually Listed."

	1 Name of Debtor	2 1-30 Days	3 31-60 Days	4 61-90 Days	5 Over 90 Days	6 Total
1.	Patient and Dental Insurance Companies	682,089	361,935	261,350	1,352,947	2,658,321
2.	Less: Allowance for Doubtful Accounts	(21,896)	-19,033	-20,964	-619,856	-681,749
3.						0
4.	InterDent Service Corporation	(120,758)	186,748	-105,057	296,306	257,239
5.						0
6.						0
7.						0
8.						0
9.						0
10.						0
11.						0
12.						0
13.						0
14.						0
15.						0
16.						0
17.						0
18.						0
19.						0
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41.						0
42.						0
43.						0
44.						0
45.						0
46.						0
47.						0
48.						0
49.						0
50.						0
51.						0
52.						0
53.						0
54.	Aggregate Accounts Not Individually Listed					0
55.	Total	539,435	529,650	135,329	1,029,397	2,233,811

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STATEMENT AS OF 6-30-2003 OF 933-0244 DEDICATED DENTAL SYSTEMS, INC.

SCHEDULE F - ACCOUNTS PAYABLE

Individually list all creditors with account balances greater than 5% of total trade accounts payable. Group the total of all other payables and enter the total on the line titled, "Aggregate Accounts Not Individually Listed - Due." Report accounts payable from the initial date of billing or due date under contract.

1	2	3	4	5	6	7
Name of Debtor	1-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
1. Golden Empire Dental Lab	10,651	0	0	0	0	10,651
2. Henry Schein	41,764	46,262	5,796	0	0	93,822
3.						0
4.						0
5.						0
6.						0
7.						0
8.						0
9.						0
10.						0
11.						0
12.						0
13.						0
14.						0
15.						0
16.						0
17.						0
18.						0
19.						0
20.						0
21.						0
22.						0
23. Aggregate Accounts Not Individually Listed - Due	84,683	5,149	905	21,260	0	111,997
24. Total	137,098	51,411	6,701	21,260	0	216,470

**

SCHEDULE G - UNPAID CLAIMS ANALYSIS
SECTION I - CLAIMS UNPAID

	1	2	3
Type of Claim	Reported Claims in Process of Adjustment	Estimated Incurred but Unreported	Total - Unpaid Claims (Columns 4+5 of Section II)
1. Inpatient Claims			0
2. Physician Claims			0
3. Referral Claims	7,275	18,360	25,635
4. Other Medical			0
5. TOTAL	7,275	18,360	25,635

SECTION II - ANALYSIS OF CLAIMS UNPAID - PREVIOUS YEAR (FILE ANNUAL ONLY)

1 Type of Claim	Claims Paid During the Fiscal Year		Unpaid Claims During the Fiscal Year		6 Total Claims (Paid and Unpaid) for the Previous Fiscal Year (2+4)	7 Estimated Liability of Unpaid Claims Prior to the first day of the Prior Year
	2 On Claims Incurred Prior to the first day of the Current Fiscal Year	3 On Claims Incurred During the Fiscal Year	4 On Claims Unpaid Prior to the first day of the Previous Fiscal Year	5 On Claims Incurred During the Year		
6. Inpatient Claims					0	
7. Physician Claims					0	
8. Referral Claims					0	
9. Other Medical					0	
10. TOTAL	0	0	0	0	0	0

SECTION III - INVENTORY OF CLAIMS TO BE PROCESSED*

1 Month Ending	2 Beginning Balance Number of Claims in inventory on the 1st of each month	3 Add - Claims Received during the month	4 Deduct - Claims paid during the month	5 Deduct - Claims denied during the month	6 Add/Deduct - Adjustments	7 Ending Balance Number of claims in inventory at the end of the month
11. 01/31/03	8,566	13,174	19,340			2,400
12. 02/28/03	2,400	14,455	5,216			11,639
13. 03/31/03	11,639	17,298	19,215			9,722
14. 04/30/03	9,722	16,550	18,301			7,971
15. 05/31/03	7,971	18,315	20,812			5,474
16. 06/30/03	5,474	17,121	15,320			7,275
17. 07/31/03						0
18. 08/31/03						0
19. 09/30/03						0
20. 10/31/03						0
21. 11/30/03						0
22. 12/31/03						0

* Describe any significant changes reported on Schedule G, Section III in the Supplemental Schedule (Page 2).

**

STATEMENT AS OF 6-30-2003 OF 933-0244 DEDICATED DENTAL SYSTEMS, INC.

SCHEDULE H - AGING OF ALL CLAIMS

Age all claims on hand at the end of each month. Use the date of receipt to determine the number of days the claims is outstanding. The amount reported in Column 6 should equal the amount Reported on Schedule G, Section III, Column 7.

	1	2	3	4	5	6
1.	Month Ending	1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Total
2.	01/31/03	2,400				2,400
3.	02/28/03	11,639				11,639
4.	03/31/03	9,722				9,722
5.	04/30/03	7,971				7,971
6.	05/31/03	5,474				5,474
7.	06/30/03	7,275				7,275
8.	07/31/03					0
9.	08/31/03					0
10.	09/30/03					0
11.	10/31/03					0
12.	11/30/03					0
13.	12/31/03					0

**

STATEMENT AS OF 6-30-2003 OF 933-0244 DEDICATED DENTAL SYSTEMS, INC.

SCHEDULE I - ANALYSIS OF TOTAL MEDICAL LIABILITY TO ACTUAL CLAIMS PAID

Using the Plan's Lag Tables, complete the following table. Provide claim information the current quarter and the previous seven quarters. An actuarial certification may be submitted in lieu of this schedule.

Reported Accrual				
1	2	3	4	5
Quarter Ending Date	Total Medical Liability*	Amount Paid-To-Date	Difference - Column (2-3)	Outstanding Liability (Based on plan's lag
1. Current Quarter	25,635	XXX	25,635	25,635
2. Previous Quarter	28,082	19,151	8,931	0
3. Previous 2 Quarters	26,926	9,548	17,378	0
4. Previous 3 Quarters	24,915	10,342	14,573	0
5. Previous 4 Quarters	24,507	8,217	16,290	0
6. Previous 5 Quarters	25,227	12,046	13,181	0
7. Previous 6 Quarters	29,676	17,650	12,026	0
8. Previous 7 Quarters	28,836	21,386	7,450	0

* Should tie to Report #1, Part B, Columns 1 & 2, Lines 3 through 7.

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NOTES TO FINANCIAL STATEMENTS	
1.	
2.	For the period ended June 30, 2003 (dollars in thousands)
3.	
4.	1. Business Description
5.	
6.	Organization
7.	
8.	Dedicated Dental Systems, Inc. (the "Company"), a wholly owned subsidiary of InterDent Service
9.	Corporation ("Parent"), formerly Gentle Dental Service Corporation, was formed in 1985 as a licensed
10.	health maintenance organization under the California Knox-Keene Health Care Service Plan Act of
11.	1975 (the "Knox-Keene Act"). The Company delivers managed dental care services through its dental
12.	practice offices to enrolled individuals, subscriber groups, individuals covered by State of California
13.	Denti-Cal program, and individuals covered under fee for service plans. All of the Company's
14.	operations serve the Bakersfield, California, region. On July 31, 1998, Parent, a wholly owned
15.	subsidiary of InterDent, Inc., acquired all of the outstanding stock of the Company.
16.	
17.	2. Summary of Significant Accounting Policies
18.	
19.	(a) Business and Regulatory Environment
20.	
21.	The Company is licensed by the Department of Managed Health Care (the "DMHC"). The DMHC
22.	requires the Company to maintain a minimum tangible net equity balance. At June 30, 2003,
23.	the minimum balance required was calculated at approximately \$64. In addition, the DMHC
24.	requires the Company to maintain a minimum deposit of \$50 pursuant to the Knox-Keene Act.
25.	The deposit is comprised of a certificate of deposit held by a trustee and is included in the
26.	accompanying balance sheets as other restricted assets. Interest earned on the funds accrues
27.	to the Company and is not restricted as to use.
28.	
29.	(b) Revenue Recognition and Health Care Services
30.	
31.	Prepaid dental care premiums from enrolled groups and individuals are reported as revenue
32.	in the month in which enrollees are entitled to receive dental care. Premiums received prior to such
33.	period are recorded as unearned premium revenue until earned.
34.	
35.	Fees for services and other revenues consist primarily of net patient service revenue (net patient
36.	revenue). Net patient revenue represents revenue reported at the estimated net realizable amounts
37.	from patients, third-party payors and others for services rendered, net of contractual adjustments.
38.	Such revenues are recognized as services are performed. The Company records its estimated liability
39.	for services provided by other parties based on historical information.
40.	
41.	(c) Cash and Cash Equivalents
42.	
43.	For purposes of the statements of cash flows, cash and cash equivalents include cash on hand and
44.	interest-bearing deposits with original or remaining maturities of three months or less when purchased.
45.	
46.	(d) Accounts Receivable
47.	
48.	Accounts receivable principally represent receivables from patients and insurance carriers for dental
49.	services provided at established billing rates, less allowances and discounts for patients covered
50.	by third-party payor contracts. Payments under these programs are primarily based on
51.	predetermined rates. In addition, a provision for doubtful accounts is provided based upon
52.	expected collections and is included in medical and hospital and practice general and administrative
53.	expenses. These contractual allowances, discounts and allowance for doubtful accounts are
54.	deducted from accounts receivable in the accompanying balance sheets. The discounts and
55.	allowances are determined based upon historical realization rates, the current economic environment
56.	and the age of accounts. Change in estimated collection rates are recorded as a change in estimate
57.	in the period the change is made.
58.	
59.	Continued on tab "Sheet 1")

1	
OVERFLOW PAGE FOR WRITE-INS	
1.	
2.	Report #3: Statement of Cash Flows (Direct Method):
3.	
4.	Line #3898: Change in deposits \$ 400
5.	Line #3898: Change in goodwill 20,834
6.	
7.	Total to Line #3898 on Report #3 \$21,234 Current Period
8.	Total to Line #3898 on Report #3 \$21,234 Year-to-Date
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STATEMENT AS OF 6-30-2003 OF 933-0244 DEDICATED DENTAL SYSTEMS, INC.

KNOX-KEENE
SUPPLEMENTAL INFORMATION
PURSUANT TO SECTIONS 1300.84.06, 1300.84.2 AND 1374.68

	1	2	3	4	5
A.	Explanation of the method of calculating the provision for incurred and unreported claims:				
1.	Historically, the Company's claims costs from outside providers had been minimal. In addition to actual claims received, the Company accrues approximately one month of claims expense as IBNR.				
B.	Accounts and Notes Receivable from officers, directors, owners or affiliates, as detailed below:				
	<u>Name of Debtor</u>	<u>Nature of Relationship</u>	<u>Nature of Receivable</u>	<u>Amount</u>	<u>Terms</u>
2.	InterDent, Inc.	Parent	Cash Advance	257,239	
3.					
4.					
5.					
6.					
C.	Donated materials or services received by the reporting entity for the period of the financial statements, as detailed below:				
	<u>Donor's Name</u>	<u>Affiliation with Reporting Entity</u>	<u>Valuation Method</u>	<u>Amount</u>	
7.	InterDent, Inc.	Parent	Income Tax Liability	563,000	
8.					
9.					
10.					
11.					
D.	Forgiven debt or obligations, as detailed below:				
	<u>Creditor's Name</u>	<u>Affiliation with Reporting Entity</u>	<u>Summary of How Obligation Arose</u>	<u>Amount</u>	
12.	InterDent, Inc.	Parent	Income Tax Liability	563,000	
13.					
14.					
15.					
E.	Calculation of Tangible Net Equity (TNE) and Required TNE in accordance with Section 1300.76 of the Rules:				
16.	Net Equity			\$	4,258,813
17.	Add: Subordinated Debt			\$	0
18.	Less: Receivables from officers, directors, and affiliates			\$	257,239
19.	Intangibles			\$	58,546
20.	Tangible Net Equity (TNE)			\$	3,943,028
21.	Required Tangible Net Equity (See Page 22)			\$	64,436
22.	TNE Excess (Deficiency)			\$	3,878,592
F.	Percentage of administrative costs to revenue obtained from subscribers and enrollees:				
23.	Revenue from subscribers and enrollees			\$	2,071,379
24.	Administrative Costs			\$	502,368
25.	Percentage				24
26.	The amount of health care expenses incurred during the six month period immediately preceding the date of the report which were or will be paid to noncontracting providers or directly reimbursed to subscribers and enrollees:			\$	96,913
27.	Total costs for health care services for the immediately preceding six months:			\$	6,199,671
28.	Percentage				2

		1
<p>G. If the amount of health care expenses incurred during the six month period immediately preceding the date of the report which <u>were or will be</u> paid to noncontracting providers or directly reimbursed to subscribers and enrollees exceeds 10% of the total costs for health care services for the immediately preceding six months, the following information, determined as of the date of the reports, shall be provided:</p>		
29. Amount of all claims for noncontracting provider services received for reimbursement but not yet processed:	\$	
30. Amount of all claims for noncontracting provider services denied for reimbursement during the previous 45 days:	\$	
31. Amount of all claims for noncontracting provider services approved for reimbursement but not yet paid:	\$	
32. An estimate of the amount of claims for noncontracting provider services incurred, but not reported:	\$	
33. Compliance with Section 1377(a) as determined in accordance with such section, as follows:		
34. Cash & cash equivalents maintained	\$	
35. Noncontracting provider claims (aggregate of total of items 29 - 32 above)	\$	0
36. Cash & cash equivalents reported to be maintained (120% x Line 35)	\$	0
37. Deposit required (100% of Line 36)	\$	0
38. Excess (deficient) reserves (Line 34 - Line 37)	\$	0
Percentage of premium revenue earned from point-of-service plan contracts:		
39. Premium revenue earned from point-of-service plan contracts	\$	
40. Total premium revenue earned	\$	
41. Percentage		0
Percentage of total health care expenditures incurred for enrollees for out-of-network services for point-of-service enrollees:		
42. Health care expenditures for out-of-network services for point-of-service enrollees	\$	
43. Total health care expenditures	\$	
44. Percentage		0
45. Point-of-Service Enrollment at end of period		
Total Ambulatory encounters for period for point-of-service enrollees:		
46. Physician		
47. Non-Physician		
48. Total		0
49. Total Patient Days Incurred for Point-of-Service enrollees		
50. Annualized Hospital Days/1000 for Point-of-Service enrollees		
51. Average Length of Stay for Point of Service enrollees		
52. Compliance with Section 1374.68(a) as follows:		
53. Current Monthly Claims Payable for out-of-network coverage or services provided under Point-of-Service Contracts:	\$	
54. Current monthly incurred but not reported claims balance for out-of-network coverage or services provided under Point-of-Service contracts	\$	
55. Total	\$	0
56. Total times 120%	\$	0
57. Deposit (Greater of Line 56 or minimum of \$200,000)	\$	

STATEMENT AS OF 6-30-2003 OF 933-0244 DEDICATED DENTAL SYSTEMS, INC.

REQUIRED TANGIBLE NET EQUITY (TNE) CALCULATION:

TNE required must be equal to the GREATER of "A" "B" or "C" below (See Rule 1300.76)

		Full Service Plans		Specialized Plans	
		1		2	
A.	Minimum TNE Requirement	\$ 1,000,000		\$ 50,000	
B.	REVENUES:				
1.	2% of the first \$150 million of annualized premium revenues	\$		\$	64,436
	Plus				
2.	1% of annualized premium revenues in excess of \$150 million	\$		\$	0
3.	Total	\$	0	\$	64,436
C.	HEALTHCARE EXPENDITURES:				
4.	8% of the first \$150 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$		\$	0
	Plus				
5.	4% of annualized health care expenditures in excess of \$150 million except those paid on a capitated or managed hospital payment basis.	\$		\$	0
	Plus				
6.	4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$		\$	51,041
7.	Total	\$	0	\$	51,041
8.	Required "TNE" - Greater of "A" "B" or "C"	\$		\$	64,436

**KNOX -KEENE
SUPPLEMENTAL INFORMATION
PURSUANT TO SECTIONS 1374.64**

POINT OF SERVICE TANGIBLE NET EQUITY CALCULATION

Calculation of Tangible Net Equity and required Tangible Net Equity in accordance with Section 1374.64:

	1	
1. Net Equity	\$	4,258,813
2. Add: Subordinated Debt	\$	
3. Less: Receivables from officers, directors, and affiliates	\$	
4. Intangibles	\$	
5. Tangible Net Equity (TNE)	\$	4,258,813
6. Required Tangible Net Equity (From Line 10 or 13 below)	\$	
7. TNE Excess (Deficiency)	\$	4,258,813
ADJUSTED MINIMUM TANGIBLE NET EQUITY CALCULATION (Complete Section I or II):		
I. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(1) or (2):		
8. Minimum TNE as calculated under Rule 1300.76 (a)(1) or (2)	\$	
9. 10% of annualized health care expenditures for out-of-network service for point-of-service enrollees	\$	
10. Add lines 8 and 9	\$	0
II. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(3):		
<u>PART A</u>		
11. Minimum TNE as recalculated to exclude annualized healthcare expenditures for out-of-network services for point-of-service enrollees (attach worksheet Page 24)	\$	
12. 10% of annualized health care expenditures for out-of-network services for point-of-service enrollees	\$	
13. Add lines 11 and 12	\$	0
III. MINIMUM TNE REQUIREMENT TO DETERMINE MONTHLY REPORTING		
14. Line 5 (above)	\$	4,258,813
15. Multiply Line 6 (above) by 130%	\$	0
16. Difference (Line 14 - Line 15)	\$	4,258,813
If Line 14 is less than Line 15, then monthly reporting is required		

STATEMENT AS OF 6-30-2003 OF 933-0244 DEDICATED DENTAL SYSTEMS, INC.

WORKSHEET FOR ADJUSTED TANGIBLE NET EQUITY CALCULATION

	1 Full Service Plans	2 Specialized Plans
1. Health care expenditures for period	\$ <input type="text"/>	\$ <input type="text"/>
Less:		
2. Capitated or managed hospital payment basis expenditures	<input type="text"/>	<input type="text"/>
3. Health care expenditures for out-of-network services for point-of-service enrollees	<input type="text"/>	<input type="text"/>
4. Result	<input type="text" value="0"/>	<input type="text" value="0"/>
5. Annualized	<input type="text"/>	<input type="text"/>
6. Reduce to maximum of \$150 million	<input type="text"/>	<input type="text"/>
7. Multiply by 8%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Plus		
8. Annualized health care expenditures except those paid on a capitated or managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text"/>
9. Less \$150 million	<input type="text"/>	<input type="text"/>
10. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Plus		
11. Annualized hospital expenditures paid on a managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text"/>
12. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
13. Total	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>

STATEMENT AS OF 6-30-2003 OF 933-0244 DEDICATED DENTAL SYSTEMS, INC.

NOTES TO FINANCIAL STATEMENTS

(dollars in thousands)

(Continued)

(e) Supplies Inventory

Supplies consist primarily of disposable dental supplies and instruments stored at the dental practices. Supplies are stated at the lower of cost (first-in, first-out basis) or market (net realizable value).

(f) Equipment and Leasehold Improvements

Equipment and leasehold improvements are stated at cost; replacements and major improvements are capitalized, while repairs and maintenance are charged to expense as incurred. Equipment is depreciated using the straight-line method over the estimated useful lives of the assets, typically ranging from three to 15 years. Leasehold improvements are amortized using the straight-line method over the shorter of the useful life or the term of the lease.

(g) Goodwill

In July 2001, the FASB issued Statements of Financial Accounting No. 142, "Goodwill and Other Intangible Assets" ("SFAS 142"), effective for the Company in the first quarter of 2002. SFAS 142 requires companies to stop amortizing goodwill and certain intangible assets with an indefinite useful life. Instead, goodwill and intangible assets deemed to have an indefinite useful life are subject to an annual review for impairment. The Company performed the required impairment tests of goodwill as of January 1, 2002, as the goodwill is determined to have an indefinite life. No impairment was recorded during 2002 as a result of adopting SFAS 142. Also, the Company did not record amortization on its goodwill during 2002 or through June 30, 2003.

On June 30, 2003, the Company closed one of its offices. The amount of goodwill written off in June 2003 for this closed office was \$20,834 (\$25,000 original goodwill cost less \$4,166 accumulated goodwill amortization).

(h) Long-Lived Assets

In August 2001, the FASB issued Statement of Financial Accounting Standard No. 144, "Accounting for the Impairment or Disposal of Long-Lived Assets" ("SFAS 144"). SFAS 144 addresses financial accounting and reporting for the impairment or disposal of long-lived assets. This Statement supersedes SFAS 121, and the accounting and reporting provisions of APB Opinion No. 30, "Reporting the Results of Operations-Reporting the Effects of Disposal of a Segment of a Business, and Extraordinary, Unusual, and Infrequently Occurring Events and Transactions," for the disposal of a segment of a business. The provisions of this statement were effective on January 1, 2002. The adoption of SFAS 144 did not have a significant impact on the Company's financial position or results of operations and no impairment of long-lived assets was recorded during the six months ended June 30, 2003.

(i) Fair Value of Financial Instruments

The Company's balance sheets include the following financial instruments: cash and cash equivalents, certificates of deposit, receivables, and accounts payable. The Company considers the carrying amounts of current assets and liabilities in the financial statements to approximate the fair value for these financial instruments because of the relatively short period of time between origination of the instruments and their expected realization.

(j) Concentrations of Credit Risk

Financial instruments which potentially subject the Company to concentrations of credit risk consist primarily of premiums receivable. Concentrations of credit risk with respect to receivables are limited due to the large number of individuals and employer groups comprising the Company's customer base.

(Continued on "Sheet 2")

STATEMENT AS OF 6-30-2003 OF 933-0244 DEDICATED DENTAL SYSTEMS, INC.

NOTES TO FINANCIAL STATEMENTS

(dollars in thousands)

(Continued)

(k) Income Taxes

The Company does not file separate federal, state and local tax returns as they are filed with the consolidated tax returns of Parent. According to a tax sharing agreement with Parent, no income taxes payable under the consolidated tax returns is allocated to or payable by the Company (see Note 7).

(l) Professional Liability Insurance

The Company maintains claims-made basis professional liability insurance coverage of \$5,000 per incident and \$5,000 in the aggregate on an annual basis. Claims-made coverage covers only those claims reported during the policy period. The Company expects to renew its existing policies and to be able to continue to obtain coverage in future years.

(m) Claims Payable

Claims payable, included in other current liabilities, include amounts billed and not paid and an estimate of costs incurred for unbilled services ("IBNR") by dental care providers at the balance sheet date. At June 30, 2003, the IBNR reserve estimate was \$18.

(n) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

(3) Equipment and Leasehold Improvements

The following table summarizes the components of equipment and leasehold improvements at June 30, 2003:

Equipment	\$1,456
Leasehold improvements	914
	<u>\$2,370</u>
Less accumulated depreciation and amortization	(1,276)
	<u>\$1,094</u>

(4) Commitments and Contingencies

The Company leases office space and equipment for its corporate and dental practice offices under various noncancelable operating leases. Future minimum lease payments due at June 30, 2003, including those with related parties as outlined in Note 6, are summarized as follows:

2003	\$142
2004	211
2005	206
2006	173
2007	105
Thereafter	203
	<u>\$1,040</u>

Rental expense, including equipment month-to-month rentals, totaled \$269 for the six months ended June 30, 2003.

STATEMENT AS OF 6-30-2003 OF 933-0244 DEDICATED DENTAL SYSTEMS, INC.
NOTES TO FINANCIAL STATEMENTS
(dollars in thousands)
(Continued)

(5) Employee Benefits

The Company participates in the InterDent, Inc. defined contribution plan in accordance with Section 401 (k) of the Internal Revenue Code. The plan covers substantially all employees of the Company. Contributions to the plan by the Company are discretionary. There were no Company contributions to the plan during the six months ended June 30, 2003.

(6) Related Party Transactions

To obtain favorable group purchases, Parent on behalf of the Company purchases certain goods and services. These goods and services are transferred to the Company at Parent cost. As payment for these services, the Company periodically transfers cash deposits to Parent. Parent receivable at June 30, 2003 was \$257 for advance payments.

Several professional associations ("P.A.'s") affiliated with Parent provide dental care services to certain Company enrolled groups. The Company paid \$160 in capitation payments to the P.A.'s for dental care services provided to enrollees of its insured groups during the six months ended June 30, 2003.

The Company continues to lease the following dental practice offices from Dental Practice Management ("DPM"), an entity owned by the Company's prior president:

<u>Clinic</u>	<u>Location/ California</u>
Mountain View Family Dentistry	Arvin
Rosedale Dental Practice	Bakersfield
California Dental Center	Bakersfield
San Dimas Orthodontic Center	Bakersfield
Delano Family Dentistry	Delano

The leases require aggregate monthly payments of up to \$26 and expire at various dates through March 2010. Rental expense, aggregating \$153 for the six months ended June 30, 2003, is included in Medical and Hospital under Occupancy, Depreciation, and Amortization.

Future minimum lease payments under lease agreements with DPM at June 30, 2003 are summarized as follows:

2003	\$63
2004	90
2005	90
2006	90
2007	90
Thereafter	203
	<u>\$626</u>

(7) Income Taxes

The Company is included as part of the consolidated returns of InterDent, Inc. During the six months ended June 30, 2003, the Company recorded income tax expense of \$563 as if the Company were taxed as a C Corporation and was responsible for its federal and state income taxes on a stand-alone rather than a consolidated basis. However, under the Company's tax-sharing agreement with Parent, no income taxes payable under any federal, state, or local tax return of the consolidated group of which Parent is a member shall be allocated to or payable by the Company. As a result, the Company has recorded a capital contribution from Parent of \$563 for the six months ended June 30, 2003.

STATEMENT AS OF 6-30-2003 OF 933-0244 DEDICATED DENTAL SYSTEMS, INC.

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